

MODIFICATION OF GRANT OR AGREEMENT					1	2
1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 2. RECIPIENT/COOPERATOR GRAN				3. MODIFICA	1	rapidite contractive contracti
£		IUMBER, IF ANY:	002			
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): INYO NATIONAL FOREST			5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): INYO NATIONAL FOREST			
351 Pacu Lane, Ste 200, Bishop, CA 93514			351 Pacu Lane, Ste 200, Bishop, CA 93514			
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):			7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):			
June Lake Fire Protection District P.O. Box 144						
BLM, Bishop Field Office						
351 Pacu Lane, Bishop, CA 93514						
8. PURPOSE OF MODIFICATION						
CHECK ALL This modification is issued pursuant to the modification provision in the grant/agreement						
THAT APPLY:	referenced in item no. 1, above.					
	CHANGE IN PERFORMANCE PERIOD: 05/13/2013-05/12/2014					
	CHANGE IN FUNDING:					
	ADMINISTRATIVE CHANGES:					
OTHER (Specify type of modification):						
Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full						
force and effect.						
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):						
Annual Operating Plan for 2013 is the same and will remain in effect through May 12, 2014.						
1 0						
10. ATTACHED DOCUMENTATION (Check all that apply):						
Revised Scope of Work						
	Revised Financial Plan					
	Other:					
11. SIGNATURES						
AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF						
THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED GRANT/AGREEMENT.						
THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	RE PROTECTION SIGNATURE	11.B. DATE	11.C. U.S. FOREST SERVICE SIGNA	TURE		11.D. DATE
Suru Mundoy 5.7-13		$C \cap C$			SIGNED	
			<u> </u>		5/9/13	
(Signature of Signatory Official)  11.E. NAME (type or print): JERRY ALLENDORF			(Signature of Signatory Official)  11.F. NAME (type or print): EDWA	DDE ADI	MENTA	
11.E. NAME (type or print): JERRI ALLEINDORF			11.F. NAME (type or print): <b>ED</b> W A	KD E. AKI	WIENIA	
11.G. TITLE (type or print): Fire Chief			11.H. TITLE (type or print): Forest	Supervisor		
11.I. BUREAU OF LAND MANAGEMENT SIGNATURE 11.J. DATE SIGNED						
X/4/, 30000						
(Signature of Signatory Official)						
PERSONAL PROPERTY AND PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PERSON OF THE	print): BERNADETTE LOVAT					
STEVEN NECSON						
11.L. TITLE (type or print): BLM, Bishop Field Manager						



OMB 0596-0217 FS-1500-19

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:

12.B. DATE

IDHN V. HEFNER

J.S. Forest Service Grants Management Specialist

4/30/2013

## Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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